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TO: FAMILY PACT PROVIDERS

SUBJECT: FAMILY PACT PROGRAM LETTER 06-02  
BENEFITS AND CODING UPDATES EFFECTIVE AUGUST 1, 2006

The Maternal, Child, and Adolescent Health/Office of Family Planning (MCAH/OFP) is sending this Program Letter to advise providers of Family PACT (Planning, Access, Care and Treatment) diagnoses and procedures code changes **effective August 1, 2006**. These changes, published in the June 2006 *Medi-Cal Update* bulletin, are due to the implementation of the 2005 and 2006 updates to the *International Classifications of Diseases, 9th Revision, Clinical Modification, 6th Edition* (ICD-9-CM); the 2006 *Current Procedural Terminology – 4th Edition* (CPT-4) codes and changes to program benefits. Providers should consult the bulletin for a complete listing of added and deleted codes. All references in this letter are effective for dates of service on or after **August 1, 2006**.

**ICD-9-CM DIAGNOSIS CODES UPDATES**

The Family PACT Program has changed from using ranges of ICD-9-CM codes for secondary diagnoses for sexually transmitted infections (STIs) to short, specific lists which include codes for symptoms and for exposure to infection. Providers should select from the ICD-9-CM codes published in the bulletin. Accurate ICD-9-CM secondary diagnosis coding is required for reimbursement of diagnostic tests performed onsite and by laboratories, as well as onsite dispensed miscellaneous drugs (Z7610).

**CPT-4 PROCEDURE CODES UPDATES**

The following benefits are **added** as Secondary Core services with additional restrictions, as described in the enclosure:

56605	Vulvar biopsy	87273	Herpes simplex virus, DFA – Type II
87255	Herpes simplex virus, culture		

The following benefit is **deleted** for females: 87205 Gram stain.

The following benefit is **deleted** males: 81015 Urine microscopy.

The following CPT-4 codes are **deleted** without replacements:

Code	Description	Code	Description	Code	Description
57500	Excision, biopsy	85032	Manual BC	88150	Pap smear
83001	FSH	85049	Platelet count	88152	Pap smear
84144	Progesterone	87110	Chlamydia culture	88153	Pap smear
84146	Prolactin	87164	Dark field – syphilis	88154	Pap smear
84443	TSH	87166	Dark field, syphilis	88166	Pap smear
85004	BC w/auto diff.	87207	HSV stain	89300	Semen analysis
85007	Blood smr. w/diff.	87270	Chlamydia DFA	89320	Semen analysis
85008	Blood smr., no diff.	87285	Treponema DFA	89330	Cervical mucous

The diagnosis, frequency and/or gender restrictions are changed for certain codes. Please review these changes in the enclosed 2006 Provisional Clinical Services Benefits Grid prior to delivering services for the following codes:

Code	Description	Code	Description	Code	Description
80061	Lipid profile	85018	Hemoglobin	87205	Gram stain
80076	Liver function tests	85027	CBC no diff.	87252	HSV culture
82947	Glucose	86593	Syphilis, quantitative	87490	Chlamydia probe
82951	2 Hr. GTT	87181	Susceptibility studies	87590	Gonorrhea probe
85014	Hematocrit	87184	Susceptibility studies	93000	Electrocardiogram

### **Discontinuation of S901-2 Primary Diagnosis Code**

The Primary Diagnosis Code (PDC) S901-2, Infertility Evaluation, is discontinued. Laboratory testing, office visits, and services previously available under this PDC are no longer covered. PDC S501-2 may be used for office visits, education and counseling visits, and basal body thermometer related to Fertility Awareness Method.

### **Revision of Concurrent Core Services and Billing Instructions**

The billing requirements for diagnosis and treatment of urinary tract infection (UTI) and cervical dysplasia, previously defined as Concurrent Core services, are changing to

Secondary Core services. Providers are instructed to enter appropriate UTI and/or Dysplasia diagnoses as Secondary Diagnosis codes in the appropriate area of either the HCFA 1500 (Box 21) or the UB-92 (Boxes 68 through 75) according to Medi-Cal billing and policy. Additionally, with the inclusion of highly specific diagnosis codes for cervical abnormalities noted below, cytology report attachments are no longer required.

### **Urine Screening Tests**

Urine screening laboratory tests previously available to all clients are now restricted. The following urine laboratory tests, available as *pre-operative* screening tests for sterilization surgery, are reimbursed using PDC S701-2 (females) and S801-2 (males): 81000, 81001, 81002, and 81003.

UTI services will be reimbursed only for *symptomatic* females as discussed below.

### **Urinary Tract Infections**

ICD-9-CM codes for UTIs are changed to describe the presenting symptom(s). A PDC (S-code) and at least one of the following Secondary Diagnosis ICD-9-CM codes are required when billing for diagnostic and treatment services:

Code	Description	Code	Description	Code	Description
595.0	Acute Cystitis	788.1	Dysuria	789.09	Abdominal pain, bilateral
599.7	Hematuria	788.41	Urinary frequency		

The following CPT-4 codes are reimbursed for symptomatic females with PDC S701-2 and one of the Secondary Diagnosis codes listed above: 81005, 81015, and 87086.

The following CPT-4 codes are reimbursed for symptomatic females with a PDC of S101-2, S201-2, S301-2, S401-2, S501-2, or S701-2 and a Secondary Diagnosis ICD-9-CM code listed above: 81000, 81001, 81002, 81003, 81005, 81015, and 87086.

The following urine laboratory tests may be performed only as reflex testing following a positive result for urine culture (87086): 87181, 87184, and 87186. Claims require a PDC (S-code) and the Secondary Diagnosis code consistent with the presenting symptom previously documented for the original urine culture.

### **Cervical Abnormalities**

Family PACT has adopted the Medi-Cal reimbursement requirements for Human Papillomavirus (HPV) testing (87621). (See October 2005 Medi-Cal *Update* bulletin.)

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Family PACT limits the following services to **females aged 15 to 55 years**: 57452, 57454, 57455, 57456, 57460, 57511, 87621, 88305, and 88307. Endometrial biopsy (58100) is subject to different age restrictions based on diagnosis and medical history. Refer to the enclosed 2006 Provisional Clinical Services Benefits Grid for details.

MCAH/OFP is offering several one-hour audio-teleconferences to present and discuss these program updates. The schedule and instructions for accessing training materials are enclosed and are also available on the Family PACT website at: [www.familypact.org](http://www.familypact.org).

Please distribute copies of the June *Medi-Cal Update* bulletin, the 2006 Provisional Clinical Services Benefits Grid, and the 2006 Provisional Formulary to all clinicians, billers and outside billing services.

If you have questions or comments, you may contact Laurie Werner, M.D., Chief, Clinical Services Section at the Office of Family Planning at (916) 650-0414. Thank you for your participation in the Family PACT Program.

Sincerely,

Laurie Weaver, Chief  
Office of Family Planning

Enclosures

# Family PACT: 2006 Provisional Clinical Services Benefits Grid

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This Family PACT Program 2006 *Provisional Clinical Services Benefits Grid* presents the benefits package codes for procedures, medications, and contraceptive supplies effective August 1, 2006.

## Primary Diagnosis: Family Planning Methods

Core Services						Complications Services (5)	
Diagnosis Codes	Description	Procedures	Laboratory	Supplies	Medications	Diag. Codes	Description
S101	Oral contraception, patch, vaginal ring – Evaluation <u>prior</u> to method with or without initiation of method	Z5218 Collection and handling of blood specimen (when only service rendered)	<ul style="list-style-type: none"> <li>• 80061 Lipid profile (1) (2)</li> <li>• 80076 LFTs (2)</li> <li>• 82465 Cholesterol</li> <li>• 81025 Urine pregnancy test</li> </ul>	None	X7706 OCs X7728 Patch X7730 Vaginal Ring	S103	Vaso-vagal episode
S102	Oral contraception, patch, vaginal ring – Maintain adherence and surveillance	Z5220 Collection and handling of blood specimen (when other services rendered)  76092 Screening Mammogram (6)	<ul style="list-style-type: none"> <li>• 82947 Glucose (3)</li> <li>• 82951 2hr GTT (3)(4)</li> </ul>		Z7610 Estradiol  X7722 Levonorgestrel  X1500 Spermicide, lubricant, M/F condom	S1031	Deep vein thrombosis
S201	Contraceptive injection – Evaluation <u>prior</u> to method with or without initiation of method	Z5218 Collection and handling of blood specimen (when only service rendered)	<ul style="list-style-type: none"> <li>• 80076 LFTs (2)</li> <li>• 81025 Urine pregnancy test</li> <li>• 82947 Glucose (3)</li> <li>• 82951 2hr GTT (3)(4)</li> </ul>	None	X6051 DMPA	S203	Vaso-vagal episode
S202	Contraceptive injection – Maintain adherence and surveillance	Z5220 Collection and handling of blood specimen (when other services rendered)  76092 Screening Mammogram (6)			Z7610 Estradiol X7722 Levonorgestrel  X1500 Spermicide, lubricant, M/F condom	S2031	Heavy vaginal bleeding

The following laboratory tests are for symptomatic or asymptomatic clients as clinically indicated based on individual client assessment. These tests are included under the primary diagnosis and do not require a secondary diagnosis code for reimbursement:

Core Screening tests		Reflex testing based on a positive screening test result		Pap smear codes	
86592	VDRL, RPR	86781	TP-confirmatory test; if positive, 86593 is required	88141	Physician Interpretation of Pap
		86593	Syphilis test, Quantitative	88142	LBC, manual screen
86701	HIV-I	86689	HIV confirmation	88143	LBC, manual screen and re-screen
86702	HIV-II	86689	HIV confirmation	88147	Smear, automated screen
86703	HIV-I and HIV-II single assay	86689	HIV confirmation	88148	Smear, automated screen, manual re-screen
87081	GC culture	-----	None	88164	Smear, Bethesda, manual screen
87491	Chlamydia NAAT	-----	None	88165	Smear, Bethesda, manual screen, re-screen
87591	GC NAAT	-----	None	88167	Smear, Bethesda, manual screen, computer re-screen
87800	Chlamydia +GC direct probe	87490	Chlamydia direct probe	88174	LBC, automated screen
		87590	GC direct probe	88175	LBC, automated screen, manual re-screen

For HPV tests, see Cervical Abnormalities

- (1) Only if elevated screening cholesterol or significant risk factors for cardiovascular disease.
- (2) Limited to one every six months per client.
- (3) Limited to one per year per client.
- (4) Only if history of abnormal fasting blood sugar screen.
- (5) Complications services (any Sxx.3 diagnosis code) require a TAR – see *Family PACT: Treatment Authorization Request (TAR)*.
- (6) Screening mammography, females 40-55 years of age, one per year per client.

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Core Services						Complications Services (5)	
Diagnosis Codes	Description	Procedures	Laboratory	Supplies	Medications	Diag. Codes	Description
S301	Contraceptive implant – Evaluation <u>prior</u> to method with or without initiation of method	11975 Insertion 11976 Removal 11977 Removal and insertion Z5218 Collection and handling of blood specimen (when only service rendered) Z5220 Collection and handling of blood specimen (when other services rendered) 76092 Screening Mammogram (6)	• 80076 LFTs (2) • 81025 Urine pregnancy test	11976ZM Removal supplies	Z7610 Estradiol X7722 Levonorgestrel X1500 Spermicide, lubricant, M/F condom	S303	Vaso-vagal episode  Allergic reaction to treatment for a secondary diagnosis
S302	Contraceptive implant – Maintain adherence and surveillance (including removal and reinsertion)					S3031	Missing or deep capsule
						S3032	Insertion/removal site infection
						S3033	Insertion/removal site hematoma
						S3034	Capsule expulsion
						S3035	Heavy vaginal bleeding
S401	IUC – Evaluation <u>prior</u> to method with or without initiation of method	58300 Insertion 58301 Removal Z5218 Collection and handling of blood specimen (when only service rendered) Z5220 Collection and handling of blood specimen (when other services rendered) 76092 Screening Mammogram (6)	• 81025 Urine pregnancy test • 85013, 85014 Hematocrit • 85018 Hemoglobin	58300ZM Insertion supplies  58301ZM Removal supplies	X1522 ParaGard X1532 Mirena IUS  Z7610 Estradiol X7722 Levonorgestrel X1500 Spermicide, lubricant, M/F condom	S403	Vaso-vagal episode  Allergic reaction to treatment for a secondary diagnosis
S402	IUC – Maintain adherence and surveillance					S4031	Pelvic infection (secondary to IUD)
						S4032	"Missing" IUD
						S4033	Perforated or translocated IUD

The following laboratory tests are for symptomatic or asymptomatic clients as clinically indicated based on individual client assessment. These tests are included under the primary diagnosis and do not require a secondary diagnosis code for reimbursement:

Core Screening Tests		Reflex testing based on a positive screening test result		Pap smear codes	
86592	VDRL, RPR	86781	TP confirmatory test; if positive, 86593 is required	88141	Physician Interpretation of Pap
		86593	Syphilis test, Quantitative	88142	LBC, manual screen
86701	HIV-I	86689	HIV confirmation	88143	LBC, manual screen and re-screen
86702	HIV-II	86689	HIV confirmation	88147	Smear, automated screen
86703	HIV-I and HIV-II single assay	86689	HIV confirmation	88148	Smear, automated screen, manual re-screen
87081	GC culture	-----	None	88164	Smear, Bethesda, manual screen
87491	Chlamydia NAAT	-----	None	88165	Smear, Bethesda, Manual screen, re-screen
87591	GC NAAT	-----	None	88167	Smear, Bethesda, manual screen, computer re-screen
87800	Chlamydia +GC, direct probe	87490	Chlamydia direct probe	88174	LBC, automated screen
		87590	GC direct probe	88175	LBC, automated screen, manual re-screen

For HPV tests, see Cervical Abnormalities

(2) Limited to one every six months per client.

(5) Complications services (any Sxx.3 diagnosis code) require a TAR – see *Family PACT: Treatment Authorization Request (TAR)*.

(6) Screening mammography, females 40-55 years of age, one per year per client.

Core Services						Complications Services (5)	
Diagnosis Codes	Description	Procedures	Laboratory	Supplies	Medications	Diag. Codes	Description
S501	Barriers and spermicide – Evaluation <u>prior</u> to method with or without initiation of method  <b>Note:</b> Includes fertility awareness methods and lactation amenorrhea method	57170 Diaphragm/cervical cap fitting  Z5218 Collection and handling of blood specimen (when only service rendered)  Z5220 Collection and handling of blood specimen (when other services rendered)	• 81025 Urine pregnancy test	FAM supplies	X7722 Levonorgestrel  X1500 Diaphragm, cervical cap, spermicide, lubricant, M/F condom, BBT	S503    S5031	Vaso-vagal episode  Allergic reaction to treatment for a secondary diagnosis  Severe skin/tissue reaction
S502	Barriers and spermicide – Maintain adherence and surveillance	76092 Screening Mammogram (6)					
S601	Pregnancy testing  <b>Note:</b> Should be used only when the client is not seeking a contraceptive method		• 81025 Urine pregnancy test  <b>Note:</b> No additional laboratory tests are available with this core code				
S602	Confirmation of pregnancy test result	<b>Note:</b> If result is negative and client chooses family planning method, use a method-specific primary diagnosis code.					

The following laboratory tests are for symptomatic or asymptomatic clients as clinically indicated based on individual client assessment. These tests are included under the primary diagnosis and do not require a secondary diagnosis code for reimbursement:

Core Screening Tests		Reflex testing based on a positive screening test result		Pap smear codes	
86592	VDRL, RPR	86781	TP confirmatory test; if positive, 86593 is required	88141	Physician Interpretation of Pap
		86593	Syphilis test, Quantitative	88142	LBC, manual screen
86701	HIV-I	86689	HIV confirmation	88143	LBC, manual screen and re-screen
86702	HIV-II	86689	HIV confirmation	88147	Smear, automated screen
86703	HIV-I and HIV-II single assay	86689	HIV confirmation	88148	Smear, automated screen, manual re-screen
87081	GC culture	-----	None	88164	Smear, Bethesda, manual screen
87491	Chlamydia NAAT	-----	None	88165	Smear, Bethesda, Manual screen, re-screen
87591	GC NAAT	-----	None	88167	Smear, Bethesda, manual screen, computer re-screen
87800	Chlamydia +GC, direct probe	87490	Chlamydia direct probe	88174	LBC, automated screen
		87590	GC direct probe	88175	LBC, automated screen, manual re-screen

For HPV tests, see Cervical Abnormalities

- (5) Complications services (any Sxx.3 diagnosis code) require a TAR – see *Family PACT: Treatment Authorization Request (TAR)*.  
 (6) Screening mammography, females 40-55 years of age, one per year per client.

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Core Services						Complications Services (5)	
Diagnosis Codes	Description	Procedures	Laboratory	Supplies	Medications	Diag. Codes	Description
S701	Bilateral tubal ligation – Screening and Evaluation	Z5218 Collection and handling of blood specimen (when only service rendered)	<ul style="list-style-type: none"> <li>• 80076 LFTs (2)</li> <li>• 81025 Urine pregnancy test</li> <li>• 88302 Surgical path., (two specimens)</li> </ul>	58600 ZM/ ZN Mini-Lap TL	X7722 Levonorgestrel	S703	Vaso-vagal episode
S702	Surgical procedure	Z5220 Collection and handling of blood specimen (when other services rendered)	<u>Pre-operative testing</u>	58615 ZM/ ZN Mini-Lap with clip	X1500 Spermicide, lubricant, M/F condom	S7031	Allergic reaction to treatment for a secondary diagnosis
		58600 Mini lap TL	• 81000 UA dipstick w/microscopy	58670 ZM/ZN Lapscope fulguration		S7032	Anesthesia complication: hospitalization
		58615 Mini lap TL with clip	• 81001 UA automated w/micro	58671 ZM/ZN Lap-scope ring or clip		S7033	Abdominal injury; L/S or lap (within 30 days post op)
		58670 Lapscope fulguration	• 81002 UA dipstick w/out microscopy			S7034	Operative site or pelvic infection (within 30 days post op)
		58671 Lapscope with ring or clip	• 81003 UA automated w/out micro				Preop evaluation (TAR prospective)
		76092 Screening Mammogram (6)	<ul style="list-style-type: none"> <li>• 85013 spun Hct</li> <li>• 85014 Hct</li> <li>• 85018 Hemoglobin</li> <li>• 85025 Auto CBC w/auto diff.WBC</li> <li>• 85027 Auto CBC w/out differential</li> <li>• 93000 ECG (A)</li> </ul>				

The following laboratory tests are for symptomatic or asymptomatic clients as clinically indicated based on individual client assessment. These tests are included under the primary diagnosis for sterilizations and do not require a secondary diagnosis code for reimbursement:

Core Screening tests		Reflex testing based on a positive screening test result		Pap Smears codes	
86592	VDRL, RPR	86781	TP confirmatory test; if positive, 86593 is required	88141	Physician Interpretation of Pap
		86593	Syphilis test, Quantitative	88142	LBC, manual screen
86701	HIV-I	86689	HIV confirmation	88143	LBC, manual screen and re-screen
86702	HIV-II	86689	HIV confirmation	88147	Smear, automated screen
86703	HIV-I and HIV-II single assay	86689	HIV confirmation	88148	Smear, automated screen, manual re-screen
87081	GC culture	-----	None	88164	Smear, Bethesda, manual screen
87491	Chlamydia NAAT	-----	None	88165	Smear, Bethesda, Manual screen, re-screen
87591	GC NAAT	-----	None	88167	Smear, Bethesda, manual screen, computer re-screen
87800	Chlamydia +GC direct probe	87490	Chlamydia direct probe	88174	LBC, automated screen
		87590	GC direct probe	88175	LBC, automated screen, manual re-screen

For HPV tests, see Cervical Abnormalities

- (2) Limited to one every six months per client.  
 (5) Complications services (any Sxx.3 diagnosis code) require a TAR – see *Family PACT: Treatment Authorization Request (TAR)*.  
 (6) Screening mammography, females 40-55 years of age, one per year per client.  
 (A) As medically indicated for preoperative evaluation of a woman with a pre-existing cardiovascular condition.



Core Services						Complications Services (5)	
Diagnosis Codes	Description	Procedures	Laboratory	Supplies	Medications	Diag. Codes	Description
S801	Vasectomy – Screening and evaluation	Z5218 Collection and handling of blood specimen (when only service rendered)	<ul style="list-style-type: none"> <li>• 88302 Surgical path (two specimens)</li> </ul>	55250 ZM Supplies	X1500 Spermicide, lubricant, M/F condom	S803	Vaso-vagal episode
S802	Surgical procedure	Z5220 Collection and handling of blood specimen (when other services rendered)	<b>Pre-operative tests</b> <ul style="list-style-type: none"> <li>• 81000 UA dipstick w/microscopy</li> <li>• 81001 UA automated w/micro</li> <li>• 81002 UA dipstick w/out microscopy</li> <li>• 81003 UA automated w/out micro</li> <li>• 85013 spun Hct</li> <li>• 85014 Hct</li> <li>• 85018 Hemoglobin</li> <li>• 85025 Auto CBC w/auto diff.WBC</li> <li>• 85027 Auto CBC w/out differential</li> </ul>			S8031	Allergic reaction to treatment for a secondary diagnosis
		55250 Vasectomy				S8032	Testicular, spermatic cord hematoma, or hemorrhage (within 30 days post op)
						S8033	Operative site acute infection (within 30 days post-op)
							Post-op testicular pain (within 30 days post-op)

Post vasectomy semen analysis is included in the global fee for vasectomy.

The following laboratory tests are for symptomatic or asymptomatic clients as clinically indicated based on individual client assessment. These tests are included under the primary diagnosis for sterilizations and do not require a secondary diagnosis code for reimbursement:

Core Screening tests		Reflex testing based on a positive screening test result	
86592	VDRL, RPR	86781	TP confirmatory test; if positive, 86593 is required
		86593	Syphilis test, Quantitative
86701	HIV-I	86689	HIV confirmation
86702	HIV-II	86689	HIV confirmation
86703	HIV-I and HIV-II single assay	86689	HIV confirmation
87081	GC culture	-----	None
87491	Chlamydia NAAT	-----	None
87591	GC NAAT	-----	None
87800	Chlamydia +GC direct probe	87490	Chlamydia direct probe
		87590	GC direct probe

(5) Complications services (any Sxx.3 diagnosis code) require a TAR – see *Family PACT: Treatment Authorization Request (TAR)*.

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**Secondary Diagnosis:  
Sexually Transmitted  
Infection (STI)**

A secondary diagnosis for STI is required for treatment or diagnostic testing other than the previously listed core screening tests. HIV testing is a Core Screening service, but treatment is not a covered benefit of the program.

Core Secondary Services (8)						Complications Services (10)
Diagnosis Codes	Description	Procedures	Laboratory	Supplies	Medications (7)	Description
ICD9-CM V01.6	Use V01.6 for diagnosis and treatment of an <u>asymptomatic</u> partner exposed to active case of Chlamydia, Gonorrhea, Syphilis, or Trichomoniasis.		Core Screening tests, wet mounts, and pH testing only		Treatment is based on the CDC STD treatment guidelines for the STI identified in the index case.	---
ICD-9-CM 099.41 099.52 099.53  099.40 604.90  616.0 V01.6	Chlamydia Urethritis Anus/rectum Cervicitis  <u>Presumptive Dx –</u> Male - NGU/NSU Acute epididymitis/ orchitis Female – cervicitis Ct-exposed partner	None	• 87205 Gram stain-symptomatic males only  Chlamydia screening tests included in Primary Diagnosis	None	Azithromycin Doxycycline Ofloxacin	Allergic reaction to antibiotics used to treat STI  Vaso-vagal episode
ICD-9-CM 098.0 098.12 098.15 098.6 098.7  099.40 616.0 V01.6	Gonorrhea Urethritis Prostatitis Cervicitis Pharynx Anus/rectum  <u>Presumptive Dx –</u> Male - NGU/NSU Female - cervicitis GC-exposed partner	None	• 87205 Gram stain-symptomatic males only  GC screening tests included in Primary Diagnosis	None	Azithromycin (9) Cefpodoxime Ceftriaxone Ciprofloxacin Ofloxacin	Allergic reaction to antibiotics used to treat STI  Vaso-vagal episode
ICD-9-CM 054.11 054.12 054.13  608.89 616.50	Herpes (genital only) HSV Vulvovaginitis Herpes vulva Herpes penis  <u>Presumptive Dx</u> Male – penile ulcer Female –vulvar ulcer	None	<b>Additional Restrictions Apply (11)</b>  • 87252 HSV culture • 87255 HSV culture • 87273 HSV DFA Type II	None	Acyclovir	Allergic reaction to antibiotics used to treat STI  Vaso-vagal episode
ICD-9-CM 614.0 614.2 615.0	PID (uncomplicated outpatient only) Acute PID PID, NOS Acute myometritis	Z5218 Collection and handling of blood specimen (when only service rendered) Z5220 Collection and handling of blood specimen (when other services rendered)	• 85025 CBC/diff • 85651 ESR • 85652 ESR  Chlamydia and GC screening tests are included in Primary Diagnosis	None	Ceftriaxone injection Cefoxitin injection Doxycycline Metronidazole Ofloxacin Probenecid	Allergic reaction to antibiotics used to treat STI  Vaso-vagal episode

- (7) Only dosage regimens included in current CDC STD Treatment Guidelines or California STD Treatment Guidelines may be used. See <http://www.dhs.ca.gov/ps/dcdc/STD/stdindex.htm> See the Family PACT formulary for additional information on regimen, formulation and coverage limits.
- (8) Secondary diagnosis required for any treatment or diagnostic testing beyond core screening tests.
- (9) For patients with significant anaphylaxis-type allergies to penicillin or allergies to cephalosporins
- (10) Complications services for a secondary diagnosis require a primary diagnosis code (Sxx.3) and a TAR. See *Family PACT: Treatment Authorization Request (TAR)*.
- (11) Only as necessary to evaluate genital ulcers of unconfirmed etiology; payable for 616.50 (F) or 608.89 (M) only. Reflex typing is not covered.

Core Secondary Services (8)						Complications Services (10)
Diagnosis Codes	Description	Procedures	Laboratory	Supplies	Medications (7)	Description
ICD-9-CM 091.0 091.3 092.9 096 097.1  616.50 608.89 V01.6	Syphilis  Primary Secondary Early latent Late latent Latent, unspecified  <u>Presumptive Dx</u> Female –vulvar ulcer Male – penile ulcer Syphilis-exposed partner	Z5218 Collection and handling of blood specimen (when only service rendered) Z5220 Collection and handling of blood specimen (when other services rendered)	• 86593 Syphilis test Quantitative (12)  Syphilis screening tests included in Primary Diagnosis	None	Benzathine penicillin long acting - injection  Azithromycin  Doxycycline	Allergic reaction to antibiotics used to treat STI  Vaso-vagal episode
ICD-9-CM 131.01 131.02 V01.6	Trichomoniasis  Trichomonal vulvo-vaginitis Trich. Urethritis Trichomoniasis-exposed partner	None	• 83986 pH – females only • 87210 Wet mount	None	Metronidazole  Tinidazole (15)	
ICD-9-CM 112.1  616.10	Vulvovaginitis  Candidal Vulvo-vaginitis  ----- Vaginitis/Vulvitis/BV	None	• 83986 pH – females only • 87210 Wet mount	None	Butoconazole Clotrimazole Fluconazole Miconazole Terconazole ----- Clindamycin Metronidazole	Allergic reaction to antibiotics used to treat STI  Vaso-vagal episode
ICD-9-CM 078.0 078.10 078.11	Warts (genital only)  Molluscum Viral warts Condylomata	54050 Destruction of penile lesion (13) 54056 Destruction of penile lesion (13) 54100 Biopsy of penis (14)  56501 Destruction vulvar lesion (13) 57061 Destruction vaginal lesion (13) 56605 Biopsy, vulva (14)	• 88304 Surgical path for males (14)  • 88304 Surgical path for females(14)	• 54050ZM Penile supplies • 54056ZM Penile supplies • 54100ZM Biopsy supplies  • 56501ZM Vulvar supplies • 57061ZM Vaginal supplies • 56605ZM Biopsy supplies	Imiquimod  Podofilox	Allergic reaction to antibiotics used to treat STI  Severe genital skin ulcerations or infections  Vaso-vagal episode

(7) When applicable, only those dosage regimens included in current CDC STD Treatment Guidelines or California STD Treatment Guidelines may be used. See <http://www.dhs.ca.gov/ps/dccdc/STD/stdindex.htm> See the Family PACT formulary for additional information on regimen, formulation and coverage limits.

(8) Secondary diagnosis required for any treatment and/or diagnostic testing beyond screening.

(10) Complications services for a secondary diagnosis require a primary diagnosis code (Sxx.3) and a TAR – see *Family PACT: Treatment Authorization Request (TAR)*.

(12) Only as necessary to confirm response to syphilis treatment; should not be ordered with presumptive diagnosis codes.

(13) Supply charges for these procedures include the TCA/BCA, liquid nitrogen, or Podophyllin used.

(14) Only as necessary to confirm vulvar, vaginal or genital warts in a wart treatment candidate.

(15) Only as a treatment for vaginal trichomoniasis if treatment failure or adverse effects (but not allergy) with prior use of Metronidazole.

2006 Provisional Benefits Grid

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**Secondary Diagnosis:** A secondary diagnosis is required for Urinary Tract Infection (UTI)  
**Urinary Tract Infection (UTI)** laboratory tests. **Female Clients Only**

Other Secondary Services						Complications Services (10)
Diagnosis Codes	Description	Procedures	Laboratory	Supplies	Medications	Description
ICD-9-CM 595.0 599.7 788.1 788.41 789.09	UTI Acute cystitis Hematuria Dysuria Urinary frequency Abdominal pain, bilateral	None	<ul style="list-style-type: none"> <li>• 81000 UA dipstick w/microscopy</li> <li>• 81001 UA automated w/microscopy</li> <li>• 81002 UA dipstick w/out microscopy</li> <li>• 81003 UA automated w/out microscopy</li> <li>• 81005 UA (qualitative)</li> <li>• 81015 Urine microscopy</li> <li>• 87086 Urine culture</li> <li>• 87181, 87184, 87186 sensitivity</li> </ul>	None	Cephalexin Ciprofloxacin Nitrofurantoin TMP/SMX	Allergic reaction to antibiotics used to treat UTI Vaso-vagal episode

(10) Complication services for a secondary diagnosis require a primary diagnosis (Sxx.3) and a TAR – see *Family PACT: Treatment Authorization Request (TAR)*.

**Secondary Diagnosis:  
Cervical Abnormalities**

A secondary diagnosis code is required for cervical abnormality diagnostic and treatment services. These services are restricted to female clients aged 15 to 55 years.

Other Secondary Services						Complications Services (10)
Diagnosis Codes	Description	Procedures	Laboratory	Supplies	Medications	Description
ICD-9-CM						
795.01	ASC-US Pap	57452 Colposcopy	<ul style="list-style-type: none"> <li>• 87621 DNA Amplified Probe HPV High Risk Only (18)</li> <li>• 88305 Surgical pathology</li> </ul>	57452ZM Supplies	None	Pelvic infection resulting from cervical treatment  Hemorrhage from cervical biopsy or treatment site requiring surgical repair  Vaso-vagal episode
795.02	ASC-H Pap	57454 Colpo with biopsy & ECC		57454ZM Supplies		
795.03	LGSIL Pap	57455 Colpo with biopsy		57455ZM Supplies		
795.04	HGSIL Pap	57456 Colpo with ECC		57456ZM Supplies		
795.05	Abn Pap with HPV high risk pos. <u>Presumptive Dx.</u>					
622.2	Leukoplakia, cervix					
795.00	AGC Pap	57452 Colposcopy 57454 Colpo with biopsy & ECC 57455 Colpo with biopsy 57456 Colpo with ECC 58100 Endometrial biopsy (19)	• 88305 Surgical pathology	57452ZM Supplies 57454ZM Supplies 57455ZM Supplies 57456ZM Supplies 58100ZM Supplies	None	
622.11	CIN I (biopsy)	57452 Colposcopy	<ul style="list-style-type: none"> <li>• 87621 DNA Amplified Probe HPV High Risk Only (18)</li> <li>• 88305 Surgical pathology</li> <li>• 88307 Surgical pathology (17)</li> </ul>	57452ZM Supplies	None	
622.12	CIN II (biopsy)	57454 Colpo with biopsy & ECC		57454ZM Supplies		
		57455 Colpo with biopsy		57455ZM Supplies		
		57456 Colpo with ECC		57456ZM Supplies		
233.1	CIN III (biopsy)	57511 Cryocautery of cervix, (16) 57460 LEEP (16)		57511ZM Supplies 57460ZM Supplies		
795.09	Other abnormal Pap	58100 Endometrial biopsy (20)	• 88305 Surgical pathology			

(10) Complication services for a secondary diagnosis require a primary diagnosis (Sxx.3) and a TAR – see *Family PACT: Treatment Authorization Request (TAR)*.

(16) Restricted to biopsy proven CIN II or CIN III or persistent CIN I lesions of greater than 12 months.

(17) Restricted to biopsy specimens collected by LEEP procedure.

(18) DNA Amplified Probe HPV (High Risk Only) is covered in the following circumstances (see ASCCP, Guidelines 2002) and limited to one per year per client:

- Reflex HPV DNA testing after an ASC-US cytology result.
  - Follow-up of LSIL cytology result in women less than 21 years of age. HPV DNA testing at 12 months in lieu of cytology at 6 and 12 months.
  - Follow-up post-colposcopy; Women with Paps read as ASC-H, LSIL, or HPV DNA positive ASC-US in whom CIN is not identified at colposcopy can be followed up at 12 months with HPV DNA testing in lieu of cytology at 6 and 12 months.
  - Follow-up of women with biopsy proven untreated CIN I; HPV DNA testing at 12 months in lieu of cytology at 6 and 12 months.
  - Follow-up post treatment of CIN II, III: HPV DNA test at least six months after treatment in lieu of follow-up cytology.
- DNA Amplified Probe HPV testing is not covered for a diagnosis of HGSIL Pap, ICD9-CM 795.04 or Leukoplakia cervix, ICD9-CM 622.2.

(19) Endometrial biopsy is covered only if AGC (atypical glandular cells) cytology result and any of:

- "Atypical endometrial cells" on AGC cytology result.
- Woman is having abnormal vaginal bleeding pattern suspicious for endometrial hyperplasia or cancer.
- Woman is 36 through 55 years of age.

(20) Endometrial biopsy restricted to women aged 40 years or older with a finding of endometrial cells on Pap and a recent history of menstrual irregularity.

**2006 Provisional Benefits Grid  
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**Core Secondary Service:** A primary diagnosis (Sxxx) is required for administration of Hepatitis B  
**Immunization:** vaccine to non-immunized clients.

Other Secondary Services						Complications Services (10)
Vaccine	Description	Procedures	Laboratory	Supplies	Medications	Description
Hepatitis B  Use appropriate Primary Diagnosis Code	Hepatitis B immunization		None	None	Hepatitis B vaccine 90743 90744 90746  Modifiers required	Allergic reaction to Hepatitis B vaccine  Vaso-vagal episode

(10) Complication services for a secondary diagnosis require a primary diagnosis (Sxx.3) and a TAR – see *Family PACT: Treatment Authorization Request (TAR)*.

**2006 Family PACT Provisional Secondary Core Services Drugs and Supplies**

<b>Disease</b>	<b>Medication</b>	<b>Dosage Size</b>	<b>Regimens</b>	<b>Clinic Code</b>	<b>Notes</b>
<b>Bacterial vaginosis</b>	Metronidazole	250mg/500mg tabs	500mg PO BID X 7 days	Z7610	recommended regimen
	Metronidazole	0.75% vaginal gel	5g PV qhs X 5 days	Z7610	recommended regimen
	Clindamycin	2% cream	5g PV X 7 days	Z7610	recommended regimen
	Clindamycin	150mg capsules	300mg PO BID X 7 days	Z7610	alternative regimen
	Clindamycin	2% SR cream	1 applicator PV X 1	Z7610	alternative regimen
<b>Chlamydia</b>	Azithromycin	500mg tabs/1 gm packet	1 gm PO X 1	Z7610	recommended regimen
	Azithromycin	250 mg tabs	1 gm PO X 1	X7716	recommended regimen
	Doxycycline	100mg tabs	100mg PO BID X 7days	Z7610	recommended regimen
	Ofloxacin	300mg tabs	300mg PO BID X 7 days	Z7610	alternative regimen
<b>External Genital Warts</b>	Imiquimod	5% cream	3 days/wk X up to 16 weeks	Z7610	
	Podofilox	0.5% solution/gel	3days/wk X up to 4 weeks	Z7610	
<b>Genital Herpes</b>	Acyclovir	200mg tabs	200mg PO 5/day X 5 or 10 days	Z7610	primary or recurrent herpes
	Acyclovir	400mg tabs	400mg PO TID X 5 or 10 days	Z7610	primary or recurrent herpes
	Acyclovir	800 mg tabs	800mg PO BID X 5 days	Z7610	recurrent herpes
	Acyclovir	400mg tabs	400mg PO BID	Z7610	chronic suppression
<b>Gonorrhea</b>	Ceftriaxone	250 mg injection	125 mg IM X 1	X5864	recommended regimen
	Azithromycin	500mg tabs/1 gm packet	2 gm PO X 1	Z7610	alternative regimen
	Azithromycin	250 mg tabs	2 gm PO X1	X7716	alternative regimen
	Cefpodoxime	200 mg tabs	400 mg PO X1	Z7610	alternative regimen
	Ciprofloxacin	250/500mg tabs	500mg PO X 1	Z7610	alternative regimen
	Ofloxacin	400mg tabs	400mg PO X 1	Z7610	alternative regimen
<b>PID/Myometritis</b>	Cefoxitin	1gm/2gm injection	2 gm IM x1	X5854	recommended regimen
	Ceftriaxone	250mg injection	250mg IM X 1	X5864	recommended regimen
	Doxycycline	100mg tabs	100mg PO BID X 14 days	Z7610	recommended regimen
	Metronidazole	250/500mg tabs	500mg PO BID X 14 days	Z7610	alternative regimen
	Ofloxacin	400mg tabs	400mg PO BID X 14 days	Z7610	alternative regimen
	Probenecid	500mg tabs	1gm PO X 1	Z7610	for use with Cefoxitin
<b>Syphilis</b>	Benzathine penicillin	1.2mill units/ cc	2.4 mil. Units IM X 1	X7460	recommended regimen
	Benzathine penicillin	2.4 mill units/ cc	2.4 mil.Units IM q wk; 1-3 doses	X7462	recommended regimen
	Doxycycline	100mg tabs	100mg PO BID X 4 weeks	Z7610	alternative regimen
	Azithromycin	500mg tabs/1g packet	2g PO X 1	Z7610	alternative regimen
	Azithromycin	250mg tabs	2g PO X 1	X7716	alternative regimen
<b>Trichomoniasis</b>	Metronidazole	500mg tabs	2g PO x 1	Z7610	recommended regimen
	Metronidazole	500mg tabs	500mg PO BID X 7 days	Z7610	alternative regimen
	Tinidazole	250mg/500mg tabs	2g PO X 1	Z7610	alternative regimen

## 2006 Family PACT Provisional Secondary Core Services Drugs and Supplies

Disease	Medication	Dosage Size	Regimens	Clinic Code	Notes
<b>Urinary Tract Infection -</b>	Cephalexin	250mg tabs	250mg PO QID X 7 -10 days	Z7610	<i>Guidelines based on American Academy of Family Physicians Vol. 72/No. 3 (August 1, 2005)</i>
	Cephalexin	500mg tabs	500mg PO BID X 7 -10 days	Z7610	
	Ciprofloxacin	250mg tabs	250mg PO BID X 3 days	Z7610	
	Ciprofloxacin	500mg SR tabs	500mg PO QD X 3 days	Z7610	
	Nitrofurantoin	50mg/100mg tabs	100mg PO BID X 7 - 10 days	Z7610	
	TMP/SMX DS	160/800mg tabs	160/800 PO BID X 3 days	Z7610	
<b>Vaginal candidiasis -</b>	Butoconazole	2% cream/ 2% SR cream		Z7610	<i>see CDC, Sexually Transmitted Diseases Treatment Guidelines 2002, MMWR 2002:51 for treatment regimens</i>
	Clotrimazole	1% cream/ 100mg/200/500mg vaginal tablets		Z7610	
	Fluconazole	150mg tablet		Z7610	
	Miconazole	2% cream/ 100mg/ 200mg vaginal suppository		Z7610	
	Terconazole	0.4%/ 0.8% cream/ 80mg suppository		Z7610	



**FAMILY PACT CLINICAL SERVICES AND  
PHARMACY BENEFIT UPDATE**

**Audio Conference  
12:00 – 1:30 PM**

**July 6, 2006 (Thursday)**

**July 10, 2006 (Monday)**

**July 12, 2006 (Wednesday)**

**July 18, 2006 (Tuesday)**

**Telephone: (800) 857-4811**

**Leader: Ms. Mari Taylan**

**Password: NEW GRID**

Important benefit and billing changes will be explained.

Download new benefit grid and materials at: [www.familypact.org](http://www.familypact.org).  
If unable to download materials, call 1-877-FAMPACT (326-7228).

**FAMILY PACT PROVIDER ORIENTATION  
AND UPDATE SESSIONS**

**8:00 AM – 4:30 PM**

***Ventura***

**July 13, 2006**

Crowne Plaza Ventura Beach  
450 East Harbor Boulevard  
Ventura, CA 93001

***Los Angeles***

**August 14, 2006**

Radisson Wilshire Plaza Hotel  
3515 Wilshire Boulevard  
Los Angeles, CA 90010

***Fullerton***

**July 20, 2006**

California State University Fullerton  
TSU Building, Pavilion A  
800 N. State College Boulevard  
Fullerton, CA 92813

***San Diego***

**August 24, 2006**

Manchester Grand Hyatt  
One Market Place  
San Diego, CA 92101